


CENTRAL MAIL CENTER

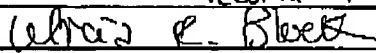
Approved for use through 07/31/2006. OMB 0651-0031
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| | | | |
|---|----------------------|------------------------|------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 09/721,042 | |
| | Filing Date | Nov. 21, 2000 | |
| | First Named Inventor | Nathaniel Hunt | |
| | Art Unit | 1631 | |
| | Examiner Name | Mary Zeman | |
| Total Number of Pages in This Submission | 3 | Attorney Docket Number | 3367 |

| ENCLOSURES (check all that apply) | | |
|---|--|--|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|---|----------|--------|
| Firm | Affymetrix, Inc. | | |
| Signature |  | | |
| Printed Name | Leticia R. Block | | |
| Date | Dec. 16, 2004 | Reg. No. | 50,167 |

| CERTIFICATE OF TRANSMISSION/MAILING | | | |
|--|---|------|---------------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. Facsimile No. 703-872-9306 | | | |
| Signature |  | | |
| Typed or printed name | Leticia R. Block | Date | Dec. 16, 2004 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/22 (10-04)

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| | | | |
|--|--|--------------------------------------|--|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (fees effective on or after October 1, 2004) | | Docket Number (Optional) 3367 | |
| Application Number 09/721,042 | | Filed Nov. 21, 2000 | |
| For Methods and Computer Software Products for Predicting Nucleic Acid Hybridization Affinity | | | |
| Art Unit 1631 | | Examiner Mary Zeman | |

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

| | <u>Fee</u> | <u>Small Entity Fee</u> | |
|---|------------|-------------------------|----------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$110 | \$55 | \$ _____ |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$430 | \$215 | \$ _____ |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$980 | \$490 | \$ _____ |
| <input checked="" type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1530 | \$765 | \$1530 |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2080 | \$1040 | \$ _____ |

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 01-0431. I have enclosed a duplicate copy of this sheet.

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WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☐ attorney or agent of record. Registration Number _____

☒ attorney or agent under 37 CFR 1.34.

Registration number if acting under 37 CFR 1.34, 50,167.

Leticia R. Block

Signature

Leticia R. Block

Typed or printed name

Dec. 16, 2004

Date

408-731-5000

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

☐ Total of _____ forms are submitted.

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☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 01-0491. I have enclosed a duplicate copy of this sheet.

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☐ assignee of record of the entire interest. See 37 CFR 3.71

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Registration number if acting under 37 CFR 1.34. 50,167.

Leticia R. Block

Signature

Leticia R. Block

Typed or printed name

Dec. 16, 2004

Date

408-731-5000

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

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